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5 || Attorney for Plaintiff

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

12 SABRINA PENCEAL, SHIREEF  
13 JONES and KRISTY WALDRIP,  
14 Individually and on behalf of all others  
similarly situated,  
Plaintiffs,

**Case No.:** 1:13-cv-7572-WHP

**NOTICE OF FILING OF CONSENT  
TO JOINDER UNDER 29 U.S.C. §  
216(b)**

VS.

17 EMPIRE BEAUTY SCHOOL INC.,  
18 EEG INC., EEG LLC, CHIC SCHOOLS,  
19 INC., EMPIRE EDUCATION GROUP,  
20 INC., FRANK SCHOENEMAN,  
21 MICHAEL D. BOUMAN, REGIS  
22 CORPORATION, and “John Doe  
Entities”, name fictitious, name and  
number unknown, all conducting  
business as the Empire Education Group,  
Defendants.

## Defendants.

26 || SIRS:

27 PLEASE TAKE NOTICE that annexed hereto is a Consent to Joinder pursuant  
28 to 29 U.S.C. § 216(b) which is to be filed with the Clerk of the Court as of the date

1 hereof on behalf of D'Etta Wallace.

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3 Dated: May 29, 2014

4

5 Leon Greenberg, Esq.

6 */S/ Leon Greenberg*

7 By: \_\_\_\_\_

8 Leon Greenberg, Esq.  
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9 Attorney for Plaintiffs

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

SABRINA PENCEAL, et al.

Docket No.: 13-CV-7572-WHP

Plaintiffs,  
vs.

EMPIRE BEAUTY SCHOOL INC., et  
al.,

CONSENT TO JOIN CASE  
UNDER 29 U.S.C. § 216(b)

Defendant's.

By signing below:

1. I agree to join this case under 29 U.S.C. § 216(b) to make a  
claim for unpaid minimum wages under the Fair Labor Standards  
Act;
2. State that, to the best of my knowledge, I performed work in an  
Empire Beauty School Salon within the three years prior to the  
date I have signed this consent form and I was not paid  
anything, except possibly tips from customers, for that work;
3. Understand that my attorney in this case will be Leon Greenberg  
of 2965 South Jones Boulevard Suite E-4, Las Vegas, Nevada,  
89146, (702) 383-6085, and such other attorneys as he may  
associate with. I understand my attorney shall only receive a  
fee for representing me if money is collected on my claim and  
the amount of his fee shall be decided by the Court. I  
understand that fee, if any, will be paid by defendants in this  
case or as a percentage of the amount collected for me.
4. I am authorizing the named plaintiffs in this case to act as my  
agents and make decisions about this case for me. I also  
understand that the Court shall have to review and approve any  
proposed settlement of my claim and any payment to my attorney.

Jeff Walla

**SIGNATURE**

B-1-14

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Date \_\_\_\_\_

D'Etta Wallace  
Printed Name

Printed Name

704-713-5200

Telephone (optional)

9113 Clancy Place  
Mailing Address

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**Mailing Address**

Detta är min e-postadress  
E-mail (optional)

Charlotte

City

ACC

State

28227

Zip Code

Matthews, NC

Location of Beauty  
School You Attended  
(City, State)